

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

left paralumbar trigger point injection with Botox

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the requested left paralumbar trigger point injection with Botox is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX year-old male whose date of injury is XX/XX/XX. He fell backward off a ladder landing on his left leg with his knee locked, which caused pain into his low back. MRI of the lumbar spine dated 05/26/11 revealed left paracentral protrusion and narrowing of intervertebral foramina on the left side at L5-S1; minor bulge at L4-5; facet arthropathy throughout the lumbar spine.

Electromyographic evaluation dated 07/06/11 is reported to be a normal study. Note dated 11/17/11 indicates that the patient underwent left L5 and S1 transforaminal epidural steroid injection without any pain relief. Follow up note dated 05/29/12 indicates that the patient is complaining of back spasms. Conservative treatment is noted to include NSAIDs, narcotics, muscle relaxants, Medrol DosePak and physical therapy with no relief. On physical examination there is a sensory deficit in the left L5 distribution. Muscle strength is rated as 3/5 left tibialis anterior. Lumbar range of motion is full. Left Kemp maneuver is positive. A request for left paralumbar trigger point injection with Botox was denied on 06/01/12 noting that documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain was not indicated. Failure of response to conservative treatment such as oral medications, physical therapy, and home exercise program was not objectively reported through VAS scoring and PT progress notes. The formal therapy regimen to be used in conjunction with the injection was not specified.

There is a letter dated 06/08/12 from Dr. which states that "while I realize that Botox is of questionable use due to its massive cosmetic marketing campaign, it is medically necessary for this patient".

The denial was upheld on appeal dated 06/27/12 noting that the letter of appeal states that the patient has tried and failed all other conservative treatment options. However, there was still no objective documentation of failure of response to recommended conservative treatments such as rehabilitation

through PT progress reports. A more comprehensive physical examination to include a report of circumscribed trigger points with a twitch response on palpation and referred pain was still not provided in the records submitted for review. There was still no report that the patient would pursue other forms of conservative treatment such as physical therapy or home exercise program in conjunction with the requested injection. Reference guidelines also state that the use of botulinum toxin is still under study for chronic low back pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The submitted physical examination fails to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the Official Disability Guidelines. Therapy regimen to be utilized in conjunction with the requested injection has not been provided. The Official Disability Guidelines note that the use of botulinum toxin is still under study for the treatment of chronic low back pain. Based on the current clinical data, the reviewer finds the requested left paralumbar trigger point injection with Botox is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)